Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. *08/31/2017*	Contact person (if different than reporter) *Sundee Williams*	Internal ID *2084742*
	Address *Algonquin, IL 60102* *USA*		Address *2 T.W. Alexander Drive* *RTP, NC 27709*	
	Phone #[redacted]		Phone # **(919) 549-2255**	
	Incident Status: *New*	Location and date of incident *Algonquin, IL* *USA* *05/31/2017*	Date registrant became aware of incident. *07/31/2017*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *72155-100*	EPA Registration # (Product 2) *72155-86*	EPA Registration # (Product 3) *N/A*
	A.I. (s) *Indaziflam, Glyphosate & Diquat Dibromide*	A.I. (s) *Dicamba, Diethylamine Salt, Dimethylamine 2,4-Dichlorophenoxyacetate & Quinclorac*	A.I. (s) *N/A*
	Product 1 name *DuraZone Weed and Grass Killer - Concentrate*	Product 2 Name *Bayer Advanced All-In-1 Lawn Weed, Crab Grass Killer - Concentrate*	Product 3 Name *N/A*
	Exposed to concentrate prior to dilution? *No*	Exposed to concentrate prior to dilution? *No*	Exposed to concentrate prior to dilution? *N/A*
	Formulation *Soluble Concentrate*	Formulation *Solution Ready To Use*	Formulation *N/A*

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No* Applicator certified? *UNK*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). *Own Residence*	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). *See Incident Description Notes*
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description Notes*		

Brief description of incident circumstances.

Jul 31 2017 2:32PM
Hx: In late 05/17 or 06/17 he was sprayed with the product as he was going to refill his sprayer. He did not release the pressure and was sprayed in the face with the product. He washed his face after the exposure. About 1-2 weeks later he developed a dark, red, rough rash on his shins, ankles and feet. At one point he developed oozing blisters. Around 06/12/2017 he developed dry, itchy, eyes and a red, rash on the skin around his eyes. It was probably within a week of
He called his eye doctor and was was told to use an OTC eye drop for antihistamine for eye drops and a moisturizing eye drop. The drops did not help so he saw him on 06/19/2017. The doctor thought he was having a reaction to his prescription eye drops for high eye pressure. The prescription was changed and the sxs resolved.

He had been seeing a doctor for a sore on his foot prior to the sxs onset. The doctor told him to treat the sore with a zinc oxide wrap to treat the sore. Last week he developed a red rash on his back. He saw a dermatologist who took a skin sample. His doctor thinks he may have an allergy to sulfur. He did mention the exposure to his doctor and they did not think it was related.

A: The product may be irritating to the eyes or skin but is not expected to cause significant problems. We would not anticipate a delay in sxs onset. It is unlikely the product is causing your sxs. If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 so that we can advise on further treatment or determine if referral to a healthcare professional might be needed.
* * * * * * * * * * * * * * * * * *
Aug 2 2017 12:29AM
Severity Assessment Completed

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 74 Year(s) Sex: Male
Occupation (if relevant)
Not specified</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not specified
If yes, days lost due to illness:
Not specified</td><td>Time between exposure and onset of symptoms:
1 week or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Non-emergent private MD/DVM</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Bullae/Blisters
Dermatological-Dermal irritation/Pain
Dermatological-Erythema/Flushed
Dermatological-Pruritus (itching)
Dermatological-Rash
Ocular-Ocular irritation/pain</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
2084742</td></tr>
</table>